



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE

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APPLICATION for:
PRIVATE DETECTIVE EMPLOYEE

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or
SECURITY GUARD EMPLOYEE
(Check Correct Box)

PART 1: FOR ALL LICENSE APPLICANTS

- A) Answer all required questions. Failure to do so will hold up the processing of your application.
B) False answers will result in a denial of a license.
C) Type or print all information.
D) Fee of \$5.00 plus a \$15.00 administrative fee for background check pursuant to RSA 106-F:8III and SAF-C 2205-02.

1) Name of Agency you are going to be employed by:

2) Address of Agency:

3) Name of Applicant

4) Maiden Name:

5) Present Address: Street

City

State

Zip Code

6) Date of Birth

7) Age

8) Place of Birth

9) Soc. Sec. No.

10) Sex

11) Height

12) Weight

13) Hair

14) Eyes

15) Scars, marks, tattoos

16) Driver's Lic. Number and State

17) Citizenship: (If naturalized, Location and Date)

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Other: List Court, City, State and Year

18) Previous Employment (company name and address)

19) List three (3) persons, unrelated to you, of whom an inquiry can be made as to your character, integrity, reputation. Give the full name and legal address as these persons will be sent questionnaires. Failure to respond to the questionnaires will hold up this application for a license.

1. Full Name

Address (street, city, state, zip-code)

2. Full Name

Address (street, city, state, zip-code)

3. Full Name

Address (street, city, state, zip-code)

20) List any special schools or courses taken to qualify you for the type of license sought.

21) Have you had any experience for the type of license sought?

22) Have you ever applied for a Detective or Security license in N.H. before? If yes, give date of application.

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|---|-----------------------|------------------------------------|
| 23) Have you ever been arrested for or convicted of a crime that has not been annulled by a court? (Except traffic violations) | YES _____ NO _____ | If YES, explain fully in block 28. |
| 24) Have you ever been treated for mental illness or an emotional disorder or confined to an institution? | YES _____ NO _____ | If YES, explain fully in block 28. |
| 25) Are you or have you ever been a user of drugs or narcotics? (Except under the direction of a doctor) | YES _____ NO _____ | If YES, explain fully in block 28. |
| 26) Has any license (detective or guard) applied for or issued to you or a partnership or corporation which you were a member ever been denied, revoked or suspended in this or any other state or territory? | YES _____ NO _____ | If YES, explain fully in block 28. |
| 27) Military service and type of discharge: | | |
| 28) If "YES" on questions 23 – 26, please explain here: | | |
| PART 2 – FOR ARMED LICENSE APPLICANTS ONLY: If you intend to carry a firearm while employed, complete the following; (NOTE – a pistol permit does not allow the carrying of a firearm while employed as a security guard or detective. In addition, an ARMED license must be obtained by completing an approved firearms course given by a certified firearms instructor). | | |
| 29) N.H. pistol permit number, expiration date and location of issuance: | | |
| 30) Date and location of firearms qualification: (An armed license will not be issued until a complete qualification form has been received and approved) | | |
| PART 3 – FOR ALL LICENSE APPLICANTS: Applicant's Name (please print) _____ Applicant's Signature _____ personally appeared _____ of _____ signer of the foregoing application and made an oath to truth of the matters contained therein before me. STATE OF NEW HAMPSHIRE _____ SS <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>Notary Public / Justice of the Peace</div> </div> <div style="text-align: right; margin-top: 10px;">Date of Oath _____</div> | | |

THIS PART COMPLETED BY STATE POLICE

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|----------------------|--|------|--------------------------|-------|--------------------------|
| License Fee Paid | | CASH | <input type="checkbox"/> | CHECK | <input type="checkbox"/> |
| Fingerprint Fee Paid | | CASH | <input type="checkbox"/> | CHECK | <input type="checkbox"/> |

MAKE CHECKS PAYABLE TO: STATE OF N.H. - TREASURER